Name in Full

Certificate of Death

Mrs. Elizabeth Cyres

Died at Town Shawsville County Harford MARYLAND

Date 189 9 Month 12 Day 13 | Age Y. 75 M. - D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife John Cyers

Father's Neme | Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 12-15-

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full Katie Bond

Certificate of Death

Died at Town Wilna County Harford MARYLAND

Date 19 1899 Month Dec. Day 19 | Age Y. 17 M. D. | Native of | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joshua Bond

Mother's Maiden Name

Cause of Death: Primary Typhoid pneumonia | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Chas. Bayley, M.D.

Address Bayley, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full — Certificate of Death

Mrs. Elizabeth Erwin

Died at Aberdeen (Town) Harford (County) MARYLAND

Date 189 9 / 12 / 26 | Age Y. 80 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of Wife Benj. Erwin

Father's Name | Mother's Name

Cause of Death — Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis Intelligencer 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7P88R

Name in Full | Certificate of Death

William Cross

Died at Town: Havre de Grace County: Harford MARYLAND

Date 189 9 Month: Dec Day: 2 | Age Y. 69 M. 9 D. | Native of: Ireland | Occupation: Store Keeper

Male / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband / Wife of: Mary Cross

Father's Name: John Cross | Mother's Name: Lizzie Plunkett

Cause of Death: Primary: Heart disease | How long sick: 2 yrs

Immediate: 57 | Accident, Suicide, Homicide

Reported by: Dr. R. H. Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Annie Jackson

Died at — Town: Dun Creek — County: Harford — MARYLAND

Date 1899 — Month: Dec — Day: 29 — Age: Y. — M. — D. — Native of: Maryland — Occupation: Servants

~~Male~~ — ~~Wife~~ — Married — Widow — Divorced

Female — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: 3

~~Husband~~ Wife of: Harry Jackson

Father's Name: — Mother's Name: —

Cause of Death — Primary: Brights disease — How long ask: 6 months

Immediate: Coma — Accident, Suicide, Homicide

Reported by: J S Poole

Address: Poole — Harford Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU

Bailey & Baldwin

Name in Full Cristofiha Kirh

Certificate of Death

Died at Town New Park County Harford MARYLAND

Date 1899 Month 12 Day 24 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced

Number of children living 3

Husband of Wife

Father's Name

Mother's Name 152a

Cause of Death { Primary Crushed skull | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Clara Lynch

Certificate of Death

Died at Town Jarretsville County Harford MARYLAND

Date 189 9 Month 12 Day 15 Age Y. 32 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm. J. Lynch Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligence 12-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Name In Full John Lynch

Certificate of Death

Died at Town Harford Furnace County Harford Co. MARYLAND

Date 189 9 Month 12 Day 12 Age Y. 29 M. D. Native of England Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name John Lynch Mother's Name Mary Lynch

Cause of Death { Primary Consumption How long sick 11 / Months

Immediate

~~Accident, Suicide, Homicide~~

Reported by E. Hare Richardson

Address Belair, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full Rackael Lynn

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month Dec. Day 20 Age Y. 19 M. — D. 11 Native of Havre de Grace Occupation House Girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Rhemus Lynn Mother's Name Carrie Thomas

Cause of Death Primary Consumption 22a How long sick

Immediate Hemorrhage Accident, Suicide, Homicide

OVER OVER

Reported by G. T. Pennington

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate received from Rachel Tillson Mother of deceased

of Havre de Grace

corrected

Name in Full Mrs Catherine Martin Certificate of Death

Died at Chestnut Hill County ~~Harford~~ Ireland, MARYLAND

Date 1899 Dec 29 | Age Y. 72 M. Jears D. Native of Harford Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 3

~~Husband~~ Wife of John. Martin

Father's Name

Mother's Name

Cause of Death { Primary Debility from age. | How long sick Six weeks

Immediate | Accident, Suicide, Homicide

Reported by Dr. W. E. Arthur

Address Chestnut Grove

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05068

Name in Full

Certificate of Death

Chas. H. Proctor, Jr.

Town

County

Died at Bel Air Harford MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	12	30	Age	7				

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary diphtheria 8a

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mrs. Henry Smith

Town

County Harford

Died at

MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 189 9	10	24	Age	30				

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death { Primary Consumption

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Miss Margaret Stephenson

Certificate of Death

Died at Town: Rock Run County: Harford MARYLAND

Date 1899 Month: 12 Day: 29 Age Y. 83 M. D. Native of: Harford Co. Occupation: Housekeeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: James Stephenson Mother's Name: Susan Stephenson

Cause of Death: Primary: Cirrhosis of Liver How long sick: Five months

Immediate: Heart failure Accident, Suicide, Homicide

Reported by: Dr. R. H. Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Bailey & Baldwin

Name in Full

Certificate of Death

Mrs. Louisa Street

Died at Town North Bend County Harford MARYLAND

Date 189 Month 12 Day 8 | Age Y. 78 M. D. | Native of | Occupation

~~Miss~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Roger Street

Father's Name | Mother's Name

Cause of Death { Primary | Immediate } 161 | How long sick

Accident, Suicide, Homicide

Reported by Regis & Intelligencer 12-15-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Tony Turner

Certificate of Death

Died at — Town: Gravely Hill — County: Harford Co. — MARYLAND

Date 1899 — Month: December — Day: 15 — Age: Y. 1 M. 7 D. — Native of: Harford Co — Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband / Wife of

Father's Name: Samuel Turner — 2nd Mother's Name: Clara Turner

Cause of Death — Primary: Tubercular Meningitis — How long sick: 2 or 3 weeks

Immediate: " " — Accident, Suicide, Homicide

Reported by: A C Crothers

Address: Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

From

Bailey & Baldwin

F. D.

Name In Full

Certificate of Death

Miss Catherine A. Unger

Died at Town: Joppa

County: Harford

MARYLAND

Date 1899 Month: 12 Day: 27

Y. M. D.: Age 6

Native of

Occupation

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living

Husbend / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: 1&1

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 12-29

Address

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary Francis Walker

Certificate of Death

Died at: Town: Havre de Grace; County: Harford; MARYLAND

Date 1899: Month: Dec. Day: 6

Age: Y. 57 M. 10 D. 7

Native of: H. de Grace

Occupation: Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~

Number of children living: 7

Husband of Wife: J. Crawford Walker

Father's Name: Nicolas Suter

Mother's Name: Mary Howlet

Cause of Death: Primary

Immediate: Paralysis

44

How long sick: About 2 yrs

Accident, Suicide, Homicide

Reported by: Dr. R. H. Smith

Address: H. de Grace Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jacob B. Webster

Certificate of Death

Died at In Town County Harford MARYLAND

Date 189 9 Month 12 Day 27 Age Y. 59 M. D. Nativa of Occupation

Mala White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Nama

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicida

Reported by Bel Air Times 12-30

Address

Must ba signed by physician, if any in attendance, otherwisa by coroner, undartakar or minister.

LIBRARY BUREAU, 79898

Name in Full Wright

Certificate of Death

Died at Town Stepney County Harford MARYLAND

Date 1899 Month 26 Day 20 | Age Y. 11 M. Mos D. | Native of Md | Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name George Wright

Mother's Name Mrs James

Cause of Death: Primary Scarlet Fever 6 | How long sick 2 days

Immediate Spasm | Accident, Suicide, Homicide

Reported by J. H. Tim Perryman Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965